

City of Gardner

Address: 95 Pleasant St.
Gardner, MA 01440

Tel. (978) 630-4013 (fax) (978) 632-4682

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Elm St. School	Date	9/26/18	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	1160 Elm St.	Risk Level	NONE	<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection	Previous Inspection Date:
Telephone	(978) 632-1673	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation	<input type="checkbox"/> Suspect Illness
Owner	Gardner Public Schools	Time In:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint	<input type="checkbox"/> HACCP
Person-in-Charge (PIC)		Time Out:		Permit No.		<input type="checkbox"/> Other	
Inspector	Lauren Saunders						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.
Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1 PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

☐ 2 Reporting of Diseases by Food Employee and PIC
☐ 3 Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4 Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6 Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10 Proper Adequate Handwashing
☐ 11 Good Hygienic Practices

☐ 12 Prevention of Contamination from Hands

☐ 13 Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14 Approved Food or Color Additives
☐ 15 Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16 Cooking Temperatures
☐ 17 Reheating
☐ 18 Cooling
☐ 19 Hot and Cold Holding
☐ 20 Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

☐ 21 Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22 Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature	Lauren Saunders	Print: Lauren Saunders	Page 1 of 1 Pages
PIC's Signature	Maria Sapeg	Print: Maria Sapeg	

everything looks great!

City of Gardner

Address: 95 Pleasant St.
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Tel. (978) 630-4013 [fax] (978) 632-4682

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Elm Street School	Date	2/11/19	Type of Operation(s)	Type of Inspection
Address	1160 Elm St.	Risk Level	NONE	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(978) 632-1673	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	GPS	Time In:		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person-in-Charge (PIC)		Out:		<input type="checkbox"/> Mobile	Date:
Inspector	Lauren Saunders	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
					<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

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DATE OF RE-INSPECTION:

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 1 Pages
PIC's Signature: Jennifer Richard	Print: Jennifer Richard	

*PIPE UNDER SINK LEAKS - SHOULD BE REPLACED

City of Gardner

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Tel. (978) 630-4013 [fax] (978) 632-4682

FOOD ESTABLISHMENT INSPECTION REPORT

Name: <u>Gardner Academy</u>	Date: <u>10/11/18</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: <u>75 East Broadway</u>	Risk Level: <u>NONE</u>	Permit No.	
Telephone: <u>(978) 632-1606</u>	HACCP Y/N		
Owner: <u>Gardner Public Schools</u>	Time In: Out:		
Person-in-Charge (PIC):			
Inspector: <u>Lauren Saunders</u>			

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Inspector's Signature: <u>Lauren Saunders</u>	Print: <u>Lauren Saunders</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Wood-Klesh</u>	Print: <u>Carm Wood-Klesh</u>	

City of Gardner

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FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner High School	Date	9/26/18	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	200 Catherine St.	Risk Level	NONE	<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection	Previous Inspection Date:
Telephone	(978) 632-1600	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation	
Owner	Gardner Public Schools	Time In:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Suspect Illness	
Person-in-Charge (PIC)		Time Out:		Permit No.		<input type="checkbox"/> General Complaint	
Inspector	Lauren Saunders					<input type="checkbox"/> HACCP	
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DATE OF RE-INSPECTION:

Inspector's Signature	Lauren Saunders	Print:	Lauren Saunders
PIC's Signature:	Darcie Branch	Print:	Darcie Branch

Establishment Name: Gardner High School Date: 9/26/18 Page: 2 of 2

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City of Gardner

FOOD ESTABLISHMENT INSPECTION REPORT

Address: 95 Pleasant St.
Gardner, MA 01440
Tel. (978) 630-4013 [fax] (978) 632-4682

Name: <u>Gardner High School</u>	Date: <u>6/11/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: <u>200 Catherine St.</u>	Risk Level:		
Telephone: <u>(978) 632-1600</u>	HACCP Y/N:		
Owner: <u>GPS</u>	Time In:		
Person-in-Charge (PIC):	Time Out:		
Inspector: <u>Lauren Saunders</u>	Permit No.:		

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Inspector Signature: <u>Lauren Saunders</u>	Print: <u>Lauren Saunders</u>	Page ___ of ___ Pages
PIC Signature: <u>Darcie Branch</u>	Print: <u>Darcie Branch</u>	

Establishment Name: Gardner High School Date: 6/11/19 Page: 2 of 2

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City of Gardner

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Gardner, MA 01440

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FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner Middle School	Date	9/26/18	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service	Type of Inspection	<input checked="" type="checkbox"/> Routine
Address	297 Catherine St	Risk Level		<input type="checkbox"/> Retail	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Re-inspection	Previous Inspection Date:
Telephone	(978) 632-1603	HACCP Y/N		<input type="checkbox"/> Mobile	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation	
Owner	Gardner Public Schools	Time In:		<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Suspect Illness	
Person-in-Charge (PIC)		Time Out:		Permit No.		<input type="checkbox"/> General Complaint	
Inspector	Lauren Saunders					<input type="checkbox"/> HACCP	
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DATE OF RE-INSPECTION:

Inspector's Signature	Lauren Saunders	Print	Lauren Saunders
PIC's Signature	Jessica Rousseau	Print	Jessica Rousseau

Establishment Name: Gardner Middle School Date: 9/26/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
			Rear handwash sink leaking in 3 places when on. - Pipe underneath - faucet spraying water onto wall - HW handle	
			Both hand wash sinks only reach 92" must reach 113" for sanitation purposes - Sink in dishwashing area hit 100"	
			Wheel still pops off walk-in	
			Steamer not working per staff	
			Kettle not working per staff	
			Knobs on oven broken	
			Staff reports ovens do not consistently work - please address broken oven	
			Everything clean, kumps good!	
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
				<input type="checkbox"/> Other:

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Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

FOOD ESTABLISHMENT INSPECTION REPORT

Name	Gardner Middle School	Date	12/11/19	Type of Operation(s)	Type of Inspection
Address	297 Catherine St.	Risk Level		<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	632-11603			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	GPS	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person-in-Charge (PIC)				<input type="checkbox"/> Mobile	Date:
Inspector	Lauren Saunders	Time In:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
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				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	X	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: Lauren Saunders	Print: Lauren Saunders	Page 1 of 2 Pages
PIC's Signature: Katrina Bressani	Print: Katrina Bressani	

City of Gardner

Address: 95 Pleasant St.
Gardner, MA 01440

Tel. (978) 630-4013 [fax] (978) 632-4682

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Waterford St. School</u>	Date <u>10/3/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>62 Waterford St</u>	Risk Level <u>NONE</u>	Permit No.	
Telephone <u>(978) 632-1605</u>	HACCP Y/N		
Owner <u>Gardner Public Schools</u>	Time In: _____ Out: _____		
Person-in-Charge (PIC)			
Inspector <u>Lauren Saunders</u>			

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☐ 20 Time as a Public Health Control

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Inspector's Signature: <u>Lauren Saunders</u>	Print: <u>Lauren Saunders</u>	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <u>Angela J. Lyon</u>	Print: <u>Angela J. Lyon</u>	

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City of Gardner

Address: 95 Pleasant St.
Gardner, MA 01440

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. (978) 630-4013 [fax] (978) 632-4682

Name	Waterford Street School	Date	10/11/19	Type of Operation(s)	Type of Inspection
Address	102 Waterford St.	Risk Level	NONE	<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	978-632-1605	HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	GPS	Time In:		<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous Inspection
Person-In-Charge (PIC)		Time Out:		<input type="checkbox"/> Mobile	Date:
Inspector	Lauren Saunders	Permit No.		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
					<input type="checkbox"/> HACCP
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PICs Signature:	Print: Angela J. Lyon	

